0001102392



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR

| OMB APPROVAL        |          |  |  |  |  |  |
|---------------------|----------|--|--|--|--|--|
|                     | 235-0076 |  |  |  |  |  |
| Estimated average ( | ourden   |  |  |  |  |  |
| hours per response  | 18.00    |  |  |  |  |  |

| SEC USE ONLY |        |  |  |  |  |  |
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| Prelix       | Seriel |  |  |  |  |  |
| DATE RE      | CEIVED |  |  |  |  |  |
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| 7*                                                                    | 715 1111                                                                                                                                                                                                                                                                                          |                                                   |                                                          |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------------------------------------------|
|                                                                       | UNIFORM LIMITED OFFERING EX                                                                                                                                                                                                                                                                       | KEMPTION                                          | DATE RECEIVED                                            |
| Name of Offering A Che                                                | ck if this is an amendment and name has changed, and it                                                                                                                                                                                                                                           | nda na abour                                      |                                                          |
| _WORLD_I'/NRKET/                                                      | NO INC FIVIA WPROSONO-NO                                                                                                                                                                                                                                                                          | norcare change)                                   |                                                          |
| Filing Under (Check brix(es)                                          | that apply) GRule 304 BRule 505 CI Rule 506                                                                                                                                                                                                                                                       | Section 4(6)                                      | C) ULOE                                                  |
| Type of Filing 1 New Fr                                               | (                                                                                                                                                                                                                                                                                                 | C 250000 4(0)                                     | TO OTOE                                                  |
|                                                                       | A. BASIC IDENTIFICATION DATA                                                                                                                                                                                                                                                                      | <u> </u>                                          |                                                          |
| 1 Enter the information requirement                                   | rested about the issuer                                                                                                                                                                                                                                                                           |                                                   |                                                          |
| WORLD MARKETIN                                                        | thus, is an amendment and name has changed, and indice of the FKA WEBMARKETING.  (Number and Street, City, State, Zip Code)  (Number and Street, City, State, Zip Code)                                                                                                                           | ate change )                                      |                                                          |
|                                                                       |                                                                                                                                                                                                                                                                                                   |                                                   |                                                          |
| til different from Executive O                                        | Operations (Number and Street, City, State, Zip Code)                                                                                                                                                                                                                                             | Telephone Number                                  | (Including Aces Code)                                    |
| Brief Description of Business                                         | •                                                                                                                                                                                                                                                                                                 |                                                   | **************************************                   |
| P.                                                                    | AL ESTATE PROPERTY F.                                                                                                                                                                                                                                                                             |                                                   |                                                          |
|                                                                       | AL ESTATE PROPERTY EX                                                                                                                                                                                                                                                                             | vergy                                             |                                                          |
| ype of Business Organization                                          |                                                                                                                                                                                                                                                                                                   |                                                   | 07073151                                                 |
| O business trust                                                      |                                                                                                                                                                                                                                                                                                   | other (please speci                               | (y) DD00=00                                              |
|                                                                       | Month Year                                                                                                                                                                                                                                                                                        |                                                   | "" DPROCESSI                                             |
| Actual or Estimated Date of In-<br>urradiction of Incorporation or    | Organization or Organization 03 919 m Organization (Enter two-letter U.S. Postal Service abbr CN for Canada, FN for other foreign jur                                                                                                                                                             | Actual DEstim<br>eviation for State<br>isdiction) | JUL 262007<br>THOMSON                                    |
| ENERAL INSTRUCTIONS                                                   |                                                                                                                                                                                                                                                                                                   |                                                   | - FINANCIAL                                              |
| ideral:<br>The Must File All issuers makin<br>seq or 15 U.S.C. 77d(6) | s an offering of securities in reliance on an exemption unde                                                                                                                                                                                                                                      | r Regulation D or Se                              | ction 4(6), 17 CFR 230 501                               |
| hen To File. A notice must be U.S. Securities and Exchange            | filed no later than 15 days after the first sale of securities                                                                                                                                                                                                                                    | in the offering A n                               | otice is deemed filed with                               |
|                                                                       | date on which it is due, on the date it was mailed by United 3 d Exchange Commission, 450 Fifth Street, N.W., Washii                                                                                                                                                                              | STATES LEGISTRESSED DA CO                         | fulled mail to that address.                             |
| <b>IONS Recouned</b> Five (5) copies a                                | f this notice must be filed with the SEC, one of which must<br>manually signed copy or bear typed or printed signature                                                                                                                                                                            |                                                   | Any copies not manually                                  |
| ormation Required. A new filing any changes thereto, the infor-       | must contain all information requested. Amendments ner                                                                                                                                                                                                                                            | of anily comme the are                            | ne of the sauer and offer-<br>eviously supplied in Parta |
| ng Fire. There is no federal file                                     | - man not be into with the SEC                                                                                                                                                                                                                                                                    |                                                   |                                                          |
|                                                                       | Ag rice                                                                                                                                                                                                                                                                                           |                                                   |                                                          |
| ach state where sales are to be, on the proper amount si              | te reliance on the Uniform Limited Offering Exemption ive adopted this form Issuers relying on ULOE must file a soft have been made. If a state requires the payment of a fee sall accompany this form. This notice shall be filed in the onstitutes a part of this notice and must be completed. | d deliberate solve with the second                | the claim for the exemp-                                 |
|                                                                       |                                                                                                                                                                                                                                                                                                   |                                                   |                                                          |
| liure to file notice in the                                           | ADDROGRES SINGLE WITCH TO A COSE OF                                                                                                                                                                                                                                                               | the desertance                                    | -11                                                      |

exemption is predicated on the filing of a federal notice.

failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such

| 2. Enter the information requested for the following:                                                    |                             |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------|-----------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul> <li>Each promoter of the issuer, if the issuer has been organized</li> </ul>                        | ed within the past five ye  | MES;             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <ul> <li>Each beneficial owner having the power to vote or dispose, securities of the issuer;</li> </ul> |                             |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <ul> <li>Each executive officer and director of corporate issuers and</li> </ul>                         | of corporate general and r  | nanaging partner | rs of partnership issuers; on                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <ul> <li>Each general and managing partner of partnership issuers.</li> </ul>                            |                             |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Check Box(es) that Apply: D Promoter 💆 Beneficial Owner                                                  | Executive Officer.          | ₩ Director       | ☐ General and/or<br>Managing Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Full Name (Last pame first, if individual)  ROTH JACOB                                                   |                             |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                          | Zip Code) ITE 176 BRO       | OKLYN N          | 1.4.11211                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Check Box(es) that Apply:   Promoter   Beneficial Owner                                                  |                             | Director         | Oeneral and/or Managing Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Full Name (Last name first, if individual) TRUB F                                                        | RIMET                       |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Business or Residence Address (Number and Street, City, State, 543 BED FORD AV S                         | zip Code)<br>in 176 Bl      | COOKLYN          | N. ) -11211                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Check Box(es) that Apply: 🖸 Promoter 💢 Beneficial Owner                                                  |                             | Director         | General and/or Managing Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Full Name (Last name first, if individual)                                                               |                             |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Business or Residence Address (Number and Street, City, State.                                           | Zip Code)                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Check Box(es) that Apply: Promoter    Beneficial Owner                                                   | Executive Officer           | ☐ Director       | ☐ General and/or<br>Managing Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Full Name (Last name first, if individual)                                                               |                             |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Business or Residence Address (Number and Street, City, State,                                           | Zip Codė)                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Check Box(es) that Apply:                                                                                | Executive Officer           | ☐ Director       | ☐ General and/or<br>Managing Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Full Name (Last name first, if Individual)                                                               |                             |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Business or Residence Address (Number and Street, City, State,                                           | Zip Code)                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Check Box(es) that Apply:                                                                                | ☐ Executive Officer         | Director         | ☐.General and/or<br>Managing Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Full Name (Last name first, if Individual)                                                               | :                           | ·                | and the second s |
| Business or Residence Address (Number and Street, City, State,                                           | Zip Code)                   |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Check Bux(es) that Apply:   Promoter   Beneficial Owner                                                  | Executive Officer           | ☐ Director       | O General and/or<br>Managing Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Full Name (Last name first, if individual)                                                               |                             |                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Business or Residence Address (Number and Street, City, State,                                           | , Zip Code)                 |                  | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| (Use blank sheet, or copy and use add                                                                    | sitional copies of this sho | et, as necessary | .)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |

|                      |                                        |                                         |                                           | - D                                         | INFORM                                    | A HOLTA                               | BOUT OF                                   | FERING                                     |                             |                                                          |                              |                  |             |
|----------------------|----------------------------------------|-----------------------------------------|-------------------------------------------|---------------------------------------------|-------------------------------------------|---------------------------------------|-------------------------------------------|--------------------------------------------|-----------------------------|----------------------------------------------------------|------------------------------|------------------|-------------|
| I. Ha                | s the issue                            | er sold or                              | does the                                  |                                             |                                           |                                       |                                           |                                            | nis offerior                | ۲                                                        |                              | Yes              | N           |
|                      | - 1110 12400                           | 20.0, 0                                 |                                           |                                             |                                           | ndix, Colu                            |                                           |                                            |                             | 5                                                        |                              | X                | .0          |
| 2 Wh                 | ntic the e                             | alaiau a                                |                                           |                                             | • -                                       |                                       |                                           |                                            |                             |                                                          |                              | . #              | 100         |
| 2                    | . 13 111C 1                            | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                           | that will                                   | be accepted                               | 110111 2017                           | IIIOIYINGE                                |                                            |                             |                                                          |                              |                  |             |
| J. Doe               | es the offe                            | ering perm                              | il joint ov                               | vnerskip o                                  | f a single i                              | anit?                                 |                                           |                                            | • • • • • • • •             |                                                          |                              | Yer<br>∴ Kaj     | No<br>D     |
| sion<br>to b<br>list | or similar<br>or listed is<br>the name | r remunera<br>an associa<br>of the bro  | ition for so<br>ited persor<br>ker or des | elicitation of<br>tor agent<br>tier. If mos | of purchase<br>of a broke<br>re than five | rs in conne<br>r or dealer            | ction with<br>registered<br>as to be list | sales of sec<br>with the Si<br>ted are ass | rurities in (I<br>EC and/or | ndirectly, a<br>he offering<br>with a sta<br>recus of su | . If a perso<br>ite or state | is-<br>on<br>rs, |             |
| Full Nam             | e (Last n                              | eme first,                              | if Individu                               | iel)                                        |                                           |                                       |                                           | <del></del>                                |                             | <del>,</del>                                             |                              |                  | <del></del> |
| Business             | or Reside                              | nce Addre                               | ss (Numbe                                 | er and Stre                                 | et, City, S                               | tate, Zip C                           | ode)                                      |                                            |                             |                                                          |                              | <u>-</u>         |             |
| Name of              | Associate                              | d Broker (                              | or Dealer                                 |                                             |                                           | · · · · · · · · · · · · · · · · · · · |                                           |                                            |                             |                                                          | <del></del>                  | <del></del>      |             |
| States in            | Which Pe                               | rson Liste                              | d Has Soli                                | icited or la                                | ntends to S                               | iolicii Purc                          | hasers                                    |                                            | <del></del>                 |                                                          |                              | <del></del>      | <del></del> |
| (Check               | "All Stat                              | es" or che                              | ck individ                                | lual States                                 | ) 1                                       |                                       |                                           |                                            |                             |                                                          |                              | □ All            | State       |
| [AL]                 | (AK)                                   | (AZ)                                    | [AR]                                      | [CA]                                        | [CO]                                      | (CT)                                  | [DE]                                      | [DC]                                       | [ FL ]                      | [GA]                                                     | [ 81]                        | [10]             | ĵ           |
| [ IL ]               | [IN]                                   | [ IA ]                                  | [ KS ]                                    | [KY]                                        | (LA)                                      | (ME)                                  | (MD)                                      | [MA]                                       | [MI]                        | [MN]                                                     | (MS)                         | [MO              | -           |
| [MT]<br>[RI]         | [NE]                                   | [50]                                    | (NH)<br>(TN)                              | [ (N ]<br>[ XT ]                            | (MM)<br>(TUT)                             | [NY]<br>[YT]                          | (NC)                                      | [ND].<br>[WA]                              | [OH]                        | {OK}                                                     | OR]                          | (PA)<br>(PR      |             |
|                      |                                        | me first, i                             |                                           |                                             | , (0,)                                    |                                       |                                           |                                            |                             | ,                                                        |                              |                  |             |
|                      |                                        | ·                                       |                                           | ·                                           |                                           |                                       |                                           |                                            |                             |                                                          |                              |                  |             |
| Business o           | or Residen                             | ce Addres                               | s (Number                                 | and Stree                                   | et, City, St                              | ate, Zip C                            | ode)                                      |                                            |                             |                                                          |                              |                  |             |
| Name of A            | Associated                             | Broker o                                | f Dealer                                  | ٠.                                          |                                           |                                       |                                           |                                            |                             | <del></del>                                              |                              |                  |             |
|                      |                                        |                                         |                                           |                                             |                                           |                                       |                                           |                                            |                             |                                                          |                              |                  |             |
| tates in V           | Which Per                              | son Listed                              | Has Solid                                 | ited or In                                  | tends to Se                               | olick Purci                           | hasers                                    | <del></del>                                | <del></del>                 | ····                                                     | <del></del>                  | ·                |             |
| (Check               | "All State                             | s" or chec                              | k individu                                | ual States)                                 |                                           |                                       |                                           |                                            |                             |                                                          |                              | C) All 5         | ia(et       |
| [AL]                 | [AK]                                   | [AZ]                                    | [AR]                                      | [CA]                                        | [CO]                                      | [CT]                                  | (DE)                                      | (DC)                                       | (FL)                        | [GA]                                                     | [H1]                         | (ID)             | ì           |
| [ ][ ]               |                                        | [ [A] ] .                               |                                           | [KY]                                        | (LA)                                      | [ME]                                  | [MD]                                      | [MA]                                       | [ MI ]                      | [MN]                                                     | [MS]                         | [MO]             | l           |
| {MT}                 | (NE)                                   | (NY)                                    | [HH]                                      | וואן                                        | (NM)                                      | INY                                   | INCI                                      | [ND]                                       | (OH)                        | (OK)                                                     | (OR)                         | (PA)             | •           |
| (RI)<br>ull Name     | <del></del>                            | (SD) ne first, if                       | [TN]<br>individua                         | 1)<br>(TX)                                  | (UT)                                      | [VT]                                  | (VA)                                      | [WA]                                       | [WV]                        | [WI]                                                     | (WY)                         | (PR)             | J<br>—      |
| <del> </del>         |                                        |                                         |                                           |                                             |                                           |                                       |                                           |                                            |                             |                                                          |                              |                  | <del></del> |
| usin <b>ess</b> or   | r Residenc                             | e Address                               | (Number                                   | and Street                                  | , City, St                                | ite, Zip Co                           | ode)                                      |                                            |                             |                                                          |                              |                  |             |
|                      |                                        |                                         |                                           |                                             |                                           |                                       |                                           |                                            |                             |                                                          |                              |                  |             |
| ame of A             | ssociated                              | Braker or                               | Dealer                                    | ············                                | ·                                         |                                       |                                           |                                            |                             |                                                          |                              |                  |             |
|                      |                                        |                                         |                                           |                                             |                                           |                                       |                                           |                                            |                             |                                                          |                              |                  |             |
| ates in W            | hich Pers                              | on Listed                               | Has Solici                                | ted or Inte                                 | ends to So                                | licit Purch                           | Freit                                     |                                            |                             |                                                          |                              |                  |             |
| (Check "             | 'All States                            | " or chec                               | k indiviđu:                               | al States) .                                |                                           |                                       |                                           |                                            |                             |                                                          |                              | □ Ail S          | inics       |
| (AL)                 | [AK]                                   | [AZ]                                    | [AR]                                      | [CA]                                        | [CO]                                      | [CT]                                  | (DE)                                      | (DC)                                       | [FL]                        | [GA]                                                     | [HI]                         | [ ID ]           |             |
| { IL }               | [ NI ]                                 | [ IA ]                                  | ( KS )                                    | (KY)                                        | [LA]                                      | (ME)                                  | [MD]                                      | [MA]                                       | (MI)                        | IMNI                                                     | [MS]                         | [MO]             |             |
| IMTI                 | [NE]                                   | INVI                                    | (NH)                                      | [ [ [ [ ]                                   | [MM]                                      | [NY]                                  | [NC]                                      | [ND]                                       | {OH}                        | (OK)                                                     | OR                           | [PA]             |             |
| [RI]                 | ( SC )                                 | [ SD ]                                  | [TN]                                      | (TX)                                        | [UT]                                      | [ <b>VT</b> ]                         | { VA }                                    | [WA]                                       | {WV}                        | ( WI )                                                   | [WY]                         | [PR]             |             |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

| C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE                                                                                                                                                                                                                                                                                                                              | OF PROCEEDS                 | ····                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------|
| 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering check this box  and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.                                                      | l                           |                                            |
| Type of Security                                                                                                                                                                                                                                                                                                                                                                      | Aggregate<br>Offering Price | Amount Airead                              |
| Debt                                                                                                                                                                                                                                                                                                                                                                                  |                             |                                            |
| Equity                                                                                                                                                                                                                                                                                                                                                                                | 3 3 50 000                  | 7.00-                                      |
| ☑ Common □ Preferred                                                                                                                                                                                                                                                                                                                                                                  | 1 200,000                   | 3 00,25                                    |
| Convertible Securities (including warrants)                                                                                                                                                                                                                                                                                                                                           | _                           |                                            |
| Partnership Interests                                                                                                                                                                                                                                                                                                                                                                 | \$                          | . \$                                       |
| Other (Specify)                                                                                                                                                                                                                                                                                                                                                                       | \$                          | . \$                                       |
| Total                                                                                                                                                                                                                                                                                                                                                                                 | 30000                       | \$                                         |
| Answer also in Appendix, Column 3, if filing under ULOE.                                                                                                                                                                                                                                                                                                                              | \$ 300,000                  | · S                                        |
| 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."         | Number<br>Investors         | Aggregate<br>Dollar Amount<br>of Purchases |
| Accredited Investors                                                                                                                                                                                                                                                                                                                                                                  |                             | \$                                         |
| Non-accredited Investors                                                                                                                                                                                                                                                                                                                                                              |                             | <b>\$</b> ,                                |
| Total (for filings under Rule 504 only)                                                                                                                                                                                                                                                                                                                                               |                             |                                            |
| Answer also in Appendix, Column 4, if filing under ULOE.                                                                                                                                                                                                                                                                                                                              |                             |                                            |
| 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.                                                         |                             |                                            |
| Type of offering                                                                                                                                                                                                                                                                                                                                                                      | Type of Security            | Dollar Amount<br>Sold                      |
| Rule 305                                                                                                                                                                                                                                                                                                                                                                              | Camproni Stoc               | _ ` - ` · · · ·                            |
| Regulation A                                                                                                                                                                                                                                                                                                                                                                          |                             | 2                                          |
| Rule 504                                                                                                                                                                                                                                                                                                                                                                              |                             | 5                                          |
| Total                                                                                                                                                                                                                                                                                                                                                                                 |                             | :De, 253                                   |
| a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                             |                                            |
| Transfer Agent's Fees                                                                                                                                                                                                                                                                                                                                                                 | ran-                        | \$ 1200                                    |
| Printing and Engraving Costs                                                                                                                                                                                                                                                                                                                                                          | 102                         | 350                                        |
| Legal Fees                                                                                                                                                                                                                                                                                                                                                                            |                             | 1800                                       |
| Accounting Fees                                                                                                                                                                                                                                                                                                                                                                       | ······ <b>P</b>             |                                            |
| Engineering Fees                                                                                                                                                                                                                                                                                                                                                                      |                             | <b>S</b>                                   |
| Sales Commissions (specify finders' fees separately).                                                                                                                                                                                                                                                                                                                                 |                             |                                            |
| Other Expenses (identify)                                                                                                                                                                                                                                                                                                                                                             | ، نے درورین<br>۱ مح         | 5000                                       |
| Total                                                                                                                                                                                                                                                                                                                                                                                 |                             | 7500                                       |
|                                                                                                                                                                                                                                                                                                                                                                                       | 汉:                          | <u> </u>                                   |

| C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES A                                                                                                                                                                                                                                                                                                                  | VD USE             | OF PROCE                                               | ne.                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------|---------------------------------------------------------------|
| b Enter the difference between the aggregate offering price given in response to Part C tion I and total expenses furnished in response to Part C - Question 4.a This difference distance."                                                                                                                                                                         |                    |                                                        |                                                               |
| 5. Indicate below the amount of the adjusted gross proceeds to the issuer used or propose used for each of the purposes shown. If the amount for any purpose is not known, furestimate and check the box to the left of the estimate. The total of the payments listed must be adjusted gross proceeds to the Issuer set forth in response to Part C. Question 4 by | fnith an           |                                                        | s-12-703                                                      |
|                                                                                                                                                                                                                                                                                                                                                                     |                    | Payments to<br>Officers,<br>Otrectors, &<br>Affiliates | Payments T<br>Others                                          |
| Salaries and fees                                                                                                                                                                                                                                                                                                                                                   | . 🛭 🕽              |                                                        | . D 5                                                         |
| Further of real colate                                                                                                                                                                                                                                                                                                                                              |                    |                                                        | C 5                                                           |
| Purchase, rental or leasing and installation of machinery and equipment                                                                                                                                                                                                                                                                                             |                    |                                                        | □ <b>5</b>                                                    |
| Construction or leasing of plant buildings and facilities                                                                                                                                                                                                                                                                                                           |                    |                                                        | O \$                                                          |
| Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger).                                                                                                                                                                     |                    |                                                        | □ s                                                           |
| Repayment of indebtedness                                                                                                                                                                                                                                                                                                                                           |                    |                                                        | □ s                                                           |
| Working capital                                                                                                                                                                                                                                                                                                                                                     |                    |                                                        | W: 12703                                                      |
| Other (specify)                                                                                                                                                                                                                                                                                                                                                     |                    |                                                        |                                                               |
|                                                                                                                                                                                                                                                                                                                                                                     |                    |                                                        | <u> </u>                                                      |
|                                                                                                                                                                                                                                                                                                                                                                     | O \$               |                                                        | © \$                                                          |
| Column Totals                                                                                                                                                                                                                                                                                                                                                       |                    |                                                        | 0 1/2 203                                                     |
| Total Payments Listed (column totals added)                                                                                                                                                                                                                                                                                                                         | J                  |                                                        | 703                                                           |
|                                                                                                                                                                                                                                                                                                                                                                     |                    | 404 3- <del>404</del>                                  | 767                                                           |
| D. TEDERAL SIGNATURE                                                                                                                                                                                                                                                                                                                                                |                    |                                                        |                                                               |
| The issuer has duly caused this notice to be signed by the undersigned duly authorized person. following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities an quest of its staff, the information furnished by the issuer to any non-accredited investor pursuance.                                                              | If this<br>d Excha | natice is filed<br>nge Cammissi<br>paragraph (b)(      | under Rule 505, the<br>on, upon written re-<br>2) of Rule 502 |
| Issuer (Print or Type) Signature                                                                                                                                                                                                                                                                                                                                    |                    | Date                                                   |                                                               |
| WORLD MARKETING INC Jacob Rob                                                                                                                                                                                                                                                                                                                                       |                    | 7                                                      | 1/8/07                                                        |
| Name of Signer (Print or Type)  Title of Signer (Print or Type)                                                                                                                                                                                                                                                                                                     |                    | ······································                 | 727                                                           |
| Jacob Roth PRES                                                                                                                                                                                                                                                                                                                                                     | . D                | 2 . 1                                                  |                                                               |
| / KED                                                                                                                                                                                                                                                                                                                                                               |                    | _// /                                                  |                                                               |

-ATTENTION-

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

| L | STA | TI | BICN | ATUI | ZE. |
|---|-----|----|------|------|-----|

1. Is any party described in 17 CFR 230:252(c), (d), (e) or (f) presently subject to any of the disqualification provisions Yes of such rule?

No.

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled so the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

| Issuer (Priot or Type) | Signature             | Date    |
|------------------------|-----------------------|---------|
| WORLD MARKETING INC    | gacob- lett           | 7/18/07 |
| Name (Print or Type)   | Yitle (Print or Type) |         |
| JACOB ROTH             | President             |         |

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed copy or bear typed or printed signatures.

|         |                      |                                         | <b>2007年1月1日</b>                                                              | 1                                    |                                                                                                 | 4                                            |           | Τ'           | 5            |
|---------|----------------------|-----------------------------------------|-------------------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------------------------------------------------|----------------------------------------------|-----------|--------------|--------------|
|         | Intendation to non-a | to sell secredited s in State - Item 1) | Type of security and aggregate offering price offered in state (Part C-Item1) |                                      | Disqualification under State ULOE (if yes, attack explanation of waiver granted) (Part E-Items) |                                              |           |              |              |
| <b></b> |                      |                                         |                                                                               | Number of<br>Accredited<br>Investors | Amount                                                                                          | C-Item 2) Number of Non-Accredited Investors | Amosat    | Yes          | No           |
| State   | Yes                  | No                                      |                                                                               | 20163(8)1                            | 710000                                                                                          |                                              |           | 1            |              |
| AL      | <u> </u>             |                                         |                                                                               |                                      |                                                                                                 | ·                                            |           | <b>†</b>     |              |
| AK      | <del></del>          |                                         |                                                                               |                                      |                                                                                                 | <del> </del>                                 |           | <del> </del> |              |
| AZ      |                      |                                         |                                                                               |                                      |                                                                                                 |                                              |           | <del> </del> |              |
| AR      |                      |                                         |                                                                               |                                      |                                                                                                 |                                              |           |              |              |
| CA      |                      |                                         |                                                                               |                                      |                                                                                                 |                                              |           | -            |              |
| co      |                      |                                         |                                                                               |                                      |                                                                                                 |                                              |           | <b></b>      |              |
| CT      |                      |                                         |                                                                               |                                      | . <u></u>                                                                                       |                                              |           |              |              |
| DE      |                      |                                         |                                                                               |                                      |                                                                                                 |                                              |           |              |              |
| DC      |                      |                                         |                                                                               |                                      |                                                                                                 |                                              |           |              |              |
| FL      |                      |                                         |                                                                               |                                      |                                                                                                 |                                              |           |              |              |
| GA      | ,                    |                                         |                                                                               |                                      | <u> </u>                                                                                        |                                              |           | <b></b>      | <u> </u>     |
| HI      |                      |                                         |                                                                               |                                      |                                                                                                 |                                              |           |              | <del> </del> |
| JD.     |                      |                                         |                                                                               |                                      |                                                                                                 |                                              |           |              | ļ            |
| 11.     |                      |                                         |                                                                               |                                      |                                                                                                 |                                              |           | <b></b>      | -            |
| IN      |                      |                                         |                                                                               |                                      |                                                                                                 |                                              |           | _            |              |
| 1A      |                      |                                         |                                                                               |                                      |                                                                                                 |                                              |           |              | <del>-</del> |
| KS      |                      |                                         |                                                                               |                                      |                                                                                                 |                                              |           | _            |              |
| KY      |                      |                                         |                                                                               |                                      |                                                                                                 |                                              |           |              | <del> </del> |
| LA      |                      |                                         |                                                                               |                                      |                                                                                                 |                                              |           |              |              |
| ME      |                      |                                         |                                                                               |                                      |                                                                                                 |                                              |           |              | -            |
| MD      |                      |                                         |                                                                               |                                      |                                                                                                 |                                              |           |              | <del> </del> |
| MA      |                      |                                         |                                                                               |                                      |                                                                                                 |                                              |           | <b></b>      | <u> </u>     |
| MI      |                      |                                         |                                                                               |                                      |                                                                                                 |                                              | e company |              |              |
| MN      |                      |                                         |                                                                               |                                      |                                                                                                 |                                              |           |              | <del> </del> |
| MS      |                      |                                         |                                                                               |                                      |                                                                                                 | ,                                            |           |              | <del></del>  |
| MO      |                      |                                         |                                                                               |                                      |                                                                                                 |                                              |           |              | <u> </u>     |

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|             | ie          | POII-A       | d to sell<br>accredited<br>is in State<br>3-Item 1) | Type of security and aggregate offering price | Type of investor and amount purchased in State (Part C-Item 2)  Number of Number of |             |                        | Diequiunder S<br>(if ye<br>expla<br>waive | 8 salification State ULC 66, attach nation of granted E-items) |          |
|-------------|-------------|--------------|-----------------------------------------------------|-----------------------------------------------|-------------------------------------------------------------------------------------|-------------|------------------------|-------------------------------------------|----------------------------------------------------------------|----------|
| Stat        | •           | Yes          | No                                                  |                                               | Accredited<br>Investors                                                             | Amount      | New-Accounts Investors | Assent                                    | Yes                                                            | No       |
| МТ          | 1_          |              |                                                     |                                               | · · · · · · · · · · · · · · · · · · ·                                               |             |                        |                                           |                                                                |          |
| NE          |             | <del>-</del> |                                                     |                                               |                                                                                     |             |                        |                                           |                                                                |          |
| NV          |             |              |                                                     |                                               |                                                                                     |             |                        |                                           |                                                                |          |
| ИН          |             |              |                                                     |                                               |                                                                                     |             |                        |                                           |                                                                |          |
| ΙΝ          | Ţ           |              |                                                     |                                               |                                                                                     |             |                        |                                           |                                                                | <b> </b> |
| NM          | T           |              |                                                     |                                               |                                                                                     | <del></del> |                        |                                           | <b> </b>                                                       | <b> </b> |
| NY          |             |              |                                                     | COMMON STOCK                                  |                                                                                     |             | 5                      | \$20,253                                  | <del></del>                                                    | X        |
| NC          |             |              | •                                                   | JEARWSE!                                      |                                                                                     |             |                        |                                           |                                                                |          |
| ND          |             |              |                                                     |                                               |                                                                                     |             |                        |                                           |                                                                | <u> </u> |
| ОН          | 1           |              |                                                     |                                               |                                                                                     |             |                        |                                           |                                                                |          |
| OK          | $\top$      |              |                                                     |                                               |                                                                                     |             |                        |                                           | <del></del> -                                                  |          |
| OR          |             |              |                                                     |                                               |                                                                                     |             |                        |                                           |                                                                |          |
| PA          |             |              |                                                     |                                               |                                                                                     |             |                        |                                           |                                                                |          |
| Ri          | <b> </b>    |              | <del></del>                                         |                                               |                                                                                     |             |                        |                                           |                                                                |          |
| sc          |             |              |                                                     |                                               |                                                                                     |             |                        |                                           |                                                                |          |
| SD          |             | _            |                                                     |                                               |                                                                                     | <del></del> |                        | <del></del>                               |                                                                |          |
| TN          |             | _            | <del> -</del>                                       |                                               |                                                                                     |             |                        |                                           |                                                                |          |
| TX          |             | _            |                                                     |                                               |                                                                                     |             | <del></del>            |                                           |                                                                |          |
|             |             |              |                                                     |                                               |                                                                                     |             |                        |                                           |                                                                |          |
| <u>v</u>    | <u></u> :   | -            |                                                     |                                               | · · · · · · · · · · · · · · · · · · ·                                               |             |                        |                                           |                                                                |          |
| <u>vī  </u> |             |              |                                                     |                                               |                                                                                     |             |                        |                                           |                                                                |          |
| VA          | <del></del> | +-           |                                                     |                                               |                                                                                     |             |                        |                                           |                                                                |          |
| WA          |             |              |                                                     |                                               |                                                                                     |             |                        |                                           |                                                                |          |
| wv          |             |              |                                                     |                                               |                                                                                     |             |                        |                                           |                                                                |          |
| W1          |             |              |                                                     |                                               |                                                                                     |             |                        |                                           |                                                                |          |
| VY          | ·           |              |                                                     |                                               |                                                                                     |             |                        | T N T T                                   | <b>\</b> T                                                     |          |
| R           |             |              |                                                     |                                               |                                                                                     |             |                        | EN                                        | ノ                                                              |          |

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